

## **RFP NIAAA – 08-05, ATTACHMENT 3**

### **A. STATEMENT OF WORK**

#### **TITLE: ALCOHOL EPIDEMIOLOGIC DATA SYSTEM (AEDS)**

##### **1. BACKGROUND INFORMATION**

a. The National Institute on Alcohol Abuse and Alcoholism (NIAAA), a component of the National Institutes of Health, U.S. Department of Health and Human Services, is the lead agency in this country for research on alcohol abuse, alcoholism, and other health effects of alcohol. NIAAA provides leadership in the national effort to reduce alcohol-related problems by: 1) conducting and supporting research in a wide range of scientific areas including genetics, neuroscience, epidemiology, health risks and benefits of alcohol consumption, prevention, and treatment; 2) coordinating and collaborating with other research institutes and Federal Programs on alcohol-related issues; 3) collaborating with international, national, state, and local institutions, organizations, agencies, and programs engaged in alcohol-related work; and 4) translating and disseminating research findings to health care providers, researchers, policymakers, and the public.

b. NIAAA research is guided by the *NIAAA Strategic Plan for Research, 2006-2010*, which sets forth research opportunities to increase understanding of why, how, and when people drink, and the development of alcohol use disorders (AUD). The *NIAAA Strategic Plan* adds a new direction to alcohol studies by applying the lifespan perspective -- the consideration of how the emergence and progression of drinking behavior is influenced by multiple changes (in biology, psychology, and in exposure to social and environmental inputs) over a person's lifetime. Viewing alcohol use and alcohol problems through a lifespan perspective will provide knowledge that will, through early identification and intervention, significantly contribute to the ability to decrease the prevalence of alcoholism and other alcohol-related disorders, and to the treatment of these disorders. The *NIAAA Strategic Plan* is available at <http://www.niaaa.nih.gov/AboutNIAAA/OrganizationalInformation>.

c. The NIAAA Extramural Division of Epidemiology and Prevention Research (DEPR) seeks to reduce alcohol-related mortality and morbidity and other alcohol-related problems and consequences through the integration and application of epidemiology and prevention science by: 1) setting national research priorities; 2) stimulating and supporting national research, training and career development; 3) promoting dialogue and collaboration between DEPR and other organizations; 4) disseminating information. The *DEPR Strategic Plan*, which supports the

*NIAAA Strategic Plan*, reflects DEPR's judgment regarding near-term priorities for research on the epidemiology and prevention of alcohol-related problems, i.e., broad areas of alcohol-related epidemiology showing the greatest need and promise for scientific advancement. These include:

- 1) expanding screening and brief interventions in underage and young adult populations;
- 2) enhancing measurement and trends in alcohol-attributable morbidity and mortality;
- 3) understanding alcohol-nutrition interactions across the lifespan; 4) expanding comprehensive community interventions to reduce alcohol related injuries and other problems; and 5) expanding policy research.

DEPR also 1) conducts national surveillance of trends in annual per capita alcohol consumption, and trends in alcohol-related morbidity and mortality using survey data; 2) provides current statistics on numerous alcohol-related topics including drinking patterns and risk behaviors using survey data; and 3) prepares conference presentations, scientific reports and manuscripts for publication in peer-reviewed journals based on survey data. The AEDS contracts is housed in and run by a DEPR project officer. A copy of the *DEPR Strategic Plan* is available at:

[http://www.niaaa.nih.gov/ResearchInformation/ExtramuralResearch/ Advisory Council/DEPRStrategicPlan.htm](http://www.niaaa.nih.gov/ResearchInformation/ExtramuralResearch/AdvisoryCouncil/DEPRStrategicPlan.htm).

DEPR also manages a contract for the Alcohol Policy Information System (APIS), an online resource that provides detailed information on selected alcohol policies across the United States. The site is found at: <http://www.alcoholpolicy.niaaa.nih.gov/>. DEPR's objective is to encourage researchers to combine the alcohol policy information in the APIS system with problem indicator data contained in the AEDS system to produce studies that assess the impact of these alcohol policies.

d. The NIAAA Intramural Laboratory of Epidemiology and Biometry's (LEB's) primary responsibility is to develop, design, implement, and direct a large multidisciplinary epidemiological research program of national scope and complexity. The LEB also: 1) conducts national surveillance activities to collect and analyze alcohol-related program data through various information systems, including the Alcohol Epidemiologic Data System (AEDS); 2) analyzes epidemiological survey data on alcohol use, abuse, and dependence and their associated disabilities and prepares scientific reports and manuscripts for publication in peer-review journals; 3) adapts state-of-the art statistical methodology for survey data to the alcohol field; 4) collaborates with other agencies and organizations to promote the application of epidemiological research nationally and internationally; 5) maintains national statistics on alcohol use disorders and their related conditions and consequences using survey data; 6) sponsors, develops, and participates in scientific conferences, meetings, workshops, and symposia to

exchange information and disseminate new knowledge obtained from survey data; 7) collaborates with other National Institutes of Health and other government agencies to foster shared interests and goals; and 8) supports a full range of interagency agreements and contracts. The AEDS contract supports certain activities of LEB and contains specific LEB task orders. A copy of the LEB Mission Statement is available at:

<http://www.niaaa.nih.gov/ResearchInformation/IntramuralResearch/AboutDICBR/LEB>

e. The AEDS is a contract-funded effort to provide major assistance to DEPR and LEB in the conduct of their research and research dissemination program. The activity will involve close technical consultation with the Project Officer in the conduct of data analyses designed to culminate in high quality research reports. The focus of the AEDS contract is secondary data analysis of survey data and collection of secondary survey data for use in scientific reports. The Contractor will be expected to provide a broad range of skilled personnel in areas including the following (epidemiology [including gene-environment interactions], statistics, sampling, data analysis, systems design, programming, graphic arts, information technology, scientific writing and editing, clerical, secretarial, and administrative).

f. The AEDS contractor shall assist with, and/or perform phases of the survey process that include, but are not limited to: survey database administration; assessing reliability and validity of data; determining proper survey data collection methodology; and analyses of quantitative and qualitative survey data. Also, production of reports to include, but not limited to: description and summary of results with associated graphs, charts, and tables; description of data collection and survey administration methods; discussion of sample characteristics and the representative nature of data; analysis of non-response; and briefings of results to include discussion of recommendations and potential follow-up actions.

g. DEPR has acquired and catalogued an extensive collection of material composed of survey data, statistical tabulations, reports, and technical papers relevant to epidemiological descriptions of and investigations into alcohol abuse and alcoholism. These holdings consist of electronic, hard-copy, and microfiche documents and other non-bibliographic types of data files. These materials may be archived or used by the Contractor as needed.

## **2. OBJECTIVES**

**The objectives of this procurement are as follows:**

**a. Conduct and report on data analyses.**

The AEDS contractor shall assist with, and/or perform phases of the survey process that include, but are not limited to: survey database administration; assessing reliability and validity of data; determining proper survey data collection methodology; and analyses of quantitative and qualitative survey data. Also, production of reports includes, but is not limited to: description and summary of results with associated graphs, charts, and tables; description of data collection and survey administration methods; discussion of sample characteristics and the representative nature of data; analysis of non-response; and briefings of results to include discussion of recommendations and potential follow-up actions. The primary function of the AEDS is secondary analysis of survey data, including treatment data, generally the secondary analysis of datasets which contain alcohol consumption variables as well as demographic and other descriptors that can be used in a wide variety of analyses. Analyses will reflect the ***NIAAA and DEPR Strategic Plans as well as the mission of LEB.*** Analyses may include, but are not limited to, surveillance and trends, studies of health (morbidity and mortality, attributable risk, disability-adjusted years of life, risks and benefits, health status, acute and chronic conditions), treatment, behavior (criminality, driving under the influence, and other behavioral factors), and health disparities. Preparation of background materials, such as targeted literature reviews related to areas of analyses may be included.

**b. Provide and maintain data on the NIAAA website.**

Another function of AEDS is to provide current data on the NIAAA website. These data may include, but are not limited to, surveillance reports, data directories, data reference manuals (and/or links to those reports, directories, and reference manuals), and data tables on topics which may include, but are not limited to tables on per capita alcohol consumption, patterns of alcohol consumption, prevalence of alcohol abuse and dependence, and alcohol-related economic data and risk factors. AEDS will also provide on the NIAAA website, links to the websites of major public-use datasets that include alcohol-related data such as the National Center for Health Statistics, as requested by the NIAAA Project Officer.

### **3. SERVICES TO BE PERFORMED**

**a. General Requirements**

- (1) The Contractor shall provide all necessary personnel, material, equipment, facilities, and services for the development and the maintenance of the AEDS. This will include all activities and

personnel to provide for: (a) preparation of detailed scientific reports; (b) preparation of special reports and technical papers; (c) acquisition and processing of alcohol-epidemiologic data files and supporting documentation; and (d) all necessary administrative and epidemiologic research support activities. No activities or analyses shall be undertaken without consent from the Project Officer.

(2) The contractor shall have the responsibility for the development, conduct, and periodic reporting of surveillance activity under the close technical monitoring of the Project Officer. This surveillance responsibility includes periodic tracking of selected data to assess progress toward reaching national objectives related to alcohol. In addition, the contractor may be expected to provide responses to intermittent requests (about 40 per month) for quantitative information from NIAAA and outside requestors.

(3) At least weekly and often more frequent contact via e-mail, telephone and face-to-face meetings will be necessary between the staff of the Contractor and the Project Officer (and/with other NIAAA staff as appropriate) to create and maintain a highly interactive working relationship. It is expected that most meetings will be held in NIAAA facilities at 5635 Fishers Lane in Rockville, Maryland; but the Contractor shall also be expected to have an onsite meeting space.

(4) All data and data sets acquired and maintained by the Contractor under the AEDS contract shall be returned to the NIAAA at a time and in a manner satisfactory to the Project Officer at or prior to the expiration of the contract period. These data sets shall be provided in a format compatible with software used in DEPR and shall be accompanied by appropriate documentation.

(5) The Contractor has full responsibility for providing all necessary administrative, clerical, computational, programming, graphical, writing/scientific editing, and statistical support to facilitate and fulfill all research and related functions. The Contractor shall maintain Microsoft Office for word processing, spreadsheets and presentations. With respect to the management of electronic data, the following general requirements are identified:

(a) The Contractor shall provide all in-house computer equipment and software necessary to fulfill all research and service functions, including, but not limited to, computers, computer servers, SUN processors and all necessary peripherals for data

storage, and Internet access to support FTP file transfer. All computing equipment and software shall be compatible with that equipment and software maintained by DEPR.

(b) The Contractor shall determine and define proposed approaches, schedules, priorities, development approaches, and operation plans for review and approval by the Project officer prior to the implementation of any development activities.

(c) The requirement of the ADP Systems Security Program, as directed by the NIAAA Systems Security Officer, shall be met. The Contractor shall have responsibility for drafting a security plan as required by the ADP Systems Office. Specific Division security procedures shall be met and maintained at the computer processing sites and a location physically separate from these sites.

(6) Interface with or adaptation of existing statistical and application packages at computer processing sites shall be provided by the contractor as necessary, for support of all activities. Flexibility shall be required in the conduct of the AEDS response to changing priorities, specifically as it relates to the necessary level of effort to complete needed tasks.

(7) All software documentation and reports shall be produced in or translated to Microsoft Word for Windows 2005 (or later edition) or Adobe Acrobat PDF format and delivered to the Government when finalized via the Internet and on CD ROMs in addition to hardcopy. All deliverables in this contract designed to be made available on the NIAAA website shall be in compliance with any and all requirements applicable to agencies of the DHHS and NIH. This specifically includes requirements pursuant to Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) as amended by P.L. 105-220 under Title IV (Rehabilitation Act Amendments of 1998) specified in the Electronic and Information Technology Accessibility Standards set forth by the Architectural and Transportation Barriers Compliance Board in 36 CFR Part 1194. The Complete text of Section 508 Final Standards can be accessed at: <http://www.access-board.gov/>.

(8) Specific tasks under this contract shall be accomplished under the technical and scientific monitoring of the Project Officer and are described below. For each product the Project Officer shall grant approval of all major aspects of product development including selection of topic, data sets to be analyzed, major analytic approaches, review of the literature, draft final product and

final product. The Contractor shall estimate the level of effort required and the estimated schedule of measurable milestones. Anticipated activities include, but are not limited to, generating SAS or

SPSS files, data extraction and reorganization, tabular presentation, literature searches, literature reviews, statistical computer programming and processing, computation of rates and statistical tests of significance and association, computation of statistical trends using joinpoint analysis, adjustments, and preparation of draft and final reports.

#### **b. Specific Requirements**

**Specifically, the Contractor shall perform the following tasks for DEPR:**

##### **DEPR TASK 1: Prepare Epidemiologic Reports**

**All Epidemiologic Reports shall be undertaken only following approval by the Project Officer.**

The primary function of the Contractor will be to prepare epidemiologic reports, including surveillance reports, using survey and other data. The Contractor should access data sets and related materials necessary for analyses in the most efficient and economic manner. This will generally be through, though not limited to, electronic access or downloaded files. In the past contract, the Contractor was asked to maintain and extend an alcohol-related epidemiologic databank. Given current computer technology, this function is largely obsolete. Existing files should be archived for historical continuity. New files should be acquired or accessed as needed to perform data analyses.

(1) Examples of files the Contractor will need to acquire or access include, but are not limited to:

- (a) U.S. Mortality data and Multiple Causes of Death data;
- (b) Fatality Analysis Reporting System data; National Automotive Sampling System- General Estimates System data;
- (c) Baseline population data (Bureau of Census);
- (d) State- and national-level consumption data (based on sales);
- (e) National survey data containing alcohol-related information;
- (f) Local, State, or regional surveys of alcohol;
- (g) Special epidemiologic studies where alcohol use is a recorded variable;
- (h) Basic International statistics/data sets, including but not limited to: (1) per capita consumption by beverage type, beverage production, import, export, and population census data by country; (2) cirrhosis mortality; and (3) key International Classification of Diseases (ICD) indicators such as alcohol dependence, and other indicators of alcohol problems.
- (i) NIAAA Alcohol Policy Information System (APIS)

Regarding data specified in Item (1) above, the Contractor is expected to become familiar with the universe

of possible data sets of interest, to track the availability of such data sets and take necessary steps to access or acquire those necessary for surveillance and analysis.

Controls shall be implemented which are appropriate with data sources for data protection. Contractor-specified quality assurance regarding protection of data is mandatory.

The Contractor shall develop and maintain all electronic data systems required for AEDS to serve effectively as an epidemiologic research and support resource to DEPR.

Reports prepared shall include:

(1) Data Reference Manuals

Upon request from the Project Officer, the Contractor shall compile data and produce up to two (2) Data Reference Manuals –one (1) during Year 2 (2), and one (1) during Year 4 (4) of the contract. At least one of the Data Reference Manuals will present data from Wave II of the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC). Additional topics will be explored in conjunction with DEPR and LEB staff. Previous Data Reference Manuals are available at <http://pubs.niaaa.nih.gov/publications/manual.htm> The Data Reference Manuals are to be prepared in a manner that is useful to researchers, planners, and other professionals interested in the area of alcohol abuse and alcoholism.

(2) Alcohol Statistics

The AEDS Contractor shall provide analysis to support and update alcohol data/statistical tables published on the NIAAA website. The alcohol statistics are tabular summaries of recent alcohol-related epidemiologic data obtained from public-use data sets. Data/statistical tables are available at <http://www.niaaa.nih.gov/Resources/DatabaseResources/QuickFacts/default.htm>.

(3) Surveillance Reports

AEDS surveillance reports are a well-established mechanism by which researchers, policy makers and other interested individuals track alcohol-related information over time. Up to three (3) Surveillance Reports shall be produced in any one (1) year of the contract. Previous topics have included:

- (a) Apparent per capita consumption of alcoholic beverages;
- (b) Cirrhosis mortality;
- (d) Alcohol-related discharges from short-stay general hospitals.
- (d) Trends in underage drinking in the United States

Copies of these surveillance reports are available at: <http://pubs.niaaa.nih.gov/publications/surveillance.htm>



The Surveillance report on apparent per capita consumption of alcoholic beverages shall be released in year three (3) of the contract. The Surveillance report on underage drinking shall be released in years one (1) (January 2008), three (3) (January 2010), and five (5) (January 2013). The Contractor shall explore suggestions for new topics for additional surveillance reports to be produced at the request of the Project Officer.

Prior to the initiation of production of the initial surveillance report on each particular topic, Contractor staff will review recent literature in the given area and recommend for consideration to the Project Officer changes, additions and refinements which would more accurately reflect the state-of-the-science while, at the same time, retaining comparability with previous versions in order to retain the report's utility in tracking trends.

The contractor will use state-of-the art statistical methodology in examining the significance of trends in data included in the Surveillance reports. This methodology includes, but is not limited to, joinpoint analyses of trends. The methodology used in all Surveillance reports must be approved by the Project Officer. Whenever possible, State level data shall be reported.

#### (4) Epidemiologic Bulletins

The Contractor shall produce one (1) to two (2) epidemiologic bulletins per contract year. These Epidemiologic Bulletins are short, concise, referenced analytic pieces highlighting interesting new alcohol epidemiology findings and are to be published as a feature in NIAAA's peer-reviewed quarterly journal *Alcohol Research and Health*. A recent Epidemiologic Bulletin dealt with the topic of alcohol consumption among youth ages 18-24 in the United States (<http://pubs.niaaa.nih.gov/publications/arh284/toc28-4.htm>). Each Epidemiologic Bulletin shall be reviewed and edited by the Contractor's science/technical writer/editor for technical aspects of writing including clarity and logical flow prior to submission to *Alcohol Research and Health*.

#### (5) Ad Hoc Special Reports

Occasionally special analyses are required, often of extreme urgency, which are appropriate to the organization, structure, and resources of AEDS. In the past these have come at the direct request of the Secretary, the Surgeon General, or the Institute Director. They characteristically require immediate and comprehensive response. As directed by the Project Officer, sufficient resources shall be applied to the various high priority critical requests. Up to two (2) special reports may be prepared during each twelve (12) month period.

#### (6) Alcohol Epidemiologic Data Directory

The Alcohol Epidemiologic Data Directory is a current listing of surveys and other relevant data suitable

for epidemiologic research on alcohol. Most data sets described in this document are national in scope. A copy of the Alcohol Epidemiologic Data Directory is available at <http://pubs.niaaa.nih.gov/publications/datasys.htm>. The Contractor will update the Alcohol Epidemiologic Data Director one (1) time during the contract in Year four (4) of the contract.

#### **DEPR TASK 2. Prepare Analytic Reports**

All Analytic Reports shall be undertaken only following approval by the Project Officer. Analytic reports are scientific manuscripts reporting original research based on survey or other data. The Contractor shall submit to peer-reviewed journals up to three (3) analytic reports each year. Publication is expected. Generally, analytic reports will be collaborations between the Contractor and NIAAA staff. Each major aspect of each manuscript (including data sets analyzed, major analytic approaches, and review of the literature) shall be subject to review and prior approval by the Project Officer. Each major phase of report development shall be reviewed and approved by the Project Officer before the Contractor proceeds to the next phase. Each analytic report shall be reviewed and edited by the Contractor's science/technical writer/editor for technical aspects of writing including clarity and logical flow. Manuscripts shall have a clear purpose, and be clearly written, with well-described methods and results. The manuscript discussion section shall seek to explain observed results within the context of previous literature, and present limitations and strengths of the study. Topics may be proposed by the contractor. However, topic selection will be performed by NIAAA. During the course of manuscript development, abstracts suitable for presentation at conferences may be generated. Stand-alone abstracts, i.e., abstracts not generated during the course of manuscript development, shall not be developed except upon request by the Project Officer.

#### **DEPR TASK 3: Provide Technical Assistance to DEPR**

The Contractor shall provide technical assistance to DEPR. Technical assistance includes, but is not limited to:

(1) Assistance with all aspects of data analysis including identification of relevant datasets and literature, literature reviews, data cleaning, data file setup, programming, statistical consultation, and scientific writing/editing. Technical assistance includes assistance with analyses using the NIAAA Alcohol Policy Information System (APIS), which collects and provides authoritative, detailed information on alcohol-related laws and regulations through a public website with user-searchable information including policy summaries, full texts of laws and regulation, and charts, maps, and other displays. APIS is updated and maintained through a separate contract. The AEDS contract will provide technical assistance for epidemiologic data analyses using APIS performed by researchers by:

(a) Evaluating, on request of the project officer, the feasibility of linking specified epidemiologic data or datasets to APIS in order to facilitate epidemiologic research on a linked dataset. Examples of data or datasets that could be linked to APIS include:

- (1) Alcohol apparent per capita consumption
- (2) Cirrhosis mortality
- (3) Alcohol-related traffic deaths reported in the Fatality Analysis Reporting System (FARS)

(b) Approximately four to six (4-6) linkages may be performed each year. The contractor shall provide formatting and appropriate documentation for each linked dataset.

(2) Assistance with preparation of analyses for presentation (including graphics and posters) at research conferences and other research settings.

(3) All responses in 1- 2 above shall be transmitted within one week of receipt. If an unforeseen delay occurs, the contractor shall notify the recipient of the delay and the expected delivery date.

#### **DEPR TASK 4: Provide Alcoholism Epidemiologic Research Specialists to DEPR**

(1) The contractor shall establish a listing of epidemiologic and statistical research specialists to assist the contractor in the identification of data needs and review of ongoing research, and performance of special studies. This group of specialists will be available to critique proposed analytic projects, including statistical methodology and content so that state-of-the art analytic approaches are integrated into the total operation of the AEDS.

(2) A maximum of 20 specialists shall be drawn upon as needed. Specialists shall be available in a timely manner. It is expected that if a member of DEPR has a question about a particular method, he/she would be able to receive expert consultation with 1-2 days.

**Specifically, the Contractor shall perform the following tasks for LEB:**

#### **LEB TASK 1: Provide Technical Assistance to LEB**

The Contractor shall provide technical assistance to LEB. Technical assistance includes, but is not limited to:

(1) Assistance with all aspects of secondary data analysis including identification of relevant datasets and literature, data cleaning, data file setup, programming, statistical consultation, and scientific writing/editing.

(2) Assistance with preparation of secondary data analyses for presentation at research conferences and other research settings.

(3) Printing of all other posters developed by LEB that do not involve analyses by the Contractor.

(4) All responses in 1- 2 above shall be transmitted within one week of receipt. If an unforeseen delay occurs, the contractor shall notify the recipient of the delay and the expected delivery date.

**LEB TASK 2: Provide NIAAA-Sponsored National Survey Support Services**

Logistical and technical services are required to support NIAAA's ongoing National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). The NESARC survey is described at <http://niaaa.census.gov>. The contractor shall:

(1) Maintain the NESARC database and related documentation on the Contractor's website, or other website specified by the Project Officer.

(2) Provide technical support services to public data users of NIAAA-sponsored national surveys using NIAAA websites to download survey data and documentation. Technical support issues include, but are not limited to, resolving issues related to downloading and printing data documentation, the use of different platforms (e.g., UNIX, Windows) for data analysis, and technical questions regarding data analysis issues.

(3) Answer basic questions related to public user documentation, survey design, CAPI design, etc.

**LEB TASK 3: Provide Alcoholism Epidemiologic Research Specialists to LEB**

(1) The research specialists for LEB will include those used by DEPR and may include an additional five (5) identified by LEB as necessary to provide specialized data consultation by LEB.

## **B. PERFORMANCE EVALUATION MANAGEMENT PLAN (PEMP)**

### **1. Introduction**

The PEMP is a guide to conducting the evaluation of the Contractor's performance. The results of the performance evaluation will determine if the Contractor is entitled to an award fee for meeting contract performance standards, and the amount of that award fee. The specific performance standards and acceptable quality levels to assess the Contractor's performance are described in this document. All decisions regarding the performance evaluation, the method used to determine the award fee, and the actual award fee amount earned are within the Contracting Officer's discretion.

### **2. Organization**

The Award Fee Evaluation Team will be established after contract award. The Award Fee Evaluation Team will evaluate the Contractor's performance by rating the quality of the Contractor's completion of contract requirements. It is anticipated that the Award Fee Evaluation Team will consist of the NIAAA Project Officer as Chairperson, program staff, and contracts staff.

### **3. Responsibilities**

Award Fee Evaluation Team – The members of the Award Fee Evaluation Team review the Contractor's progress reports and other contract deliverables, participate in the Award Fee Evaluation Meeting, individually rate the Contractor's performance, and provide recommendations for improving the Contractor's performance and the PEMP.

Project Officer (PO) - The PO chairs the Award Fee Evaluation Meeting. The PO prepares an agenda, briefs the Award Fee Evaluation Team members on procedures to follow in performing the evaluation noting any changes to the PEMP since the previous evaluation period, consolidates the individual team member evaluations, and prepares a summary of results.

Contract Specialist (CS) - The CS reviews the Contractor's monthly progress reports and other Contractor-developed documents, monitors the Contractor's financial and administrative activities, participates in the Contractor's presentation, provides contractual advice to the award fee evaluation team and PO before, during and after the evaluation meeting, provides recommendations for improving both the Contractor's performance and the PEMP, reviews the PO's evaluation summary and makes a recommendation to the CO regarding the performance evaluation rating.

Contracting Officer (CO) - The CO reviews the summary of the evaluation meeting and the recommendation of the PO and CS, and makes the final decision on the amount of the award fee.

### **4. Evaluation Periods**

Total Contract Period of Performance: September 16, 2008 – September 15, 2013

<b>Evaluation Period</b>	<b>Dates of Performance</b>	<b>Award Fee Available</b> (To be determined)
Evaluation Period No. 1:	September 16, 2008 – February 15, 2009	\$
Evaluation Period No. 2:	February 16, 2009 – August 15, 2009	\$
Evaluation Period No. 3:	August 16, 2009 – February 15, 2010	\$
Evaluation Period No. 4:	February 16, 2010 – August 15, 2010	\$
Evaluation Period No. 5:	August 16, 2010 – February 15, 2011	\$

Evaluation Period	Dates of Performance	Award Fee Available
		(To be determined)
Evaluation Period No. 6:	February 16, 2011 – August 15, 2011	\$
Evaluation Period No. 7:	August 16, 2011 – February 15, 2012	\$
Evaluation Period No. 8:	February 16, 2012 – August 15, 2012	\$
Evaluation Period No. 9:	August 16, 2012 – February 15, 2013	\$
Evaluation Period No. 10:	February 16, 2013 – September 15, 2013	\$

**5. Award Fee Rating and Amount**

For each evaluation period, an overall rating will be established as defined below to determine the amount of award fee earned by the Contractor for that period. Each member of the award fee evaluation team will individually rate the Contractor's performance, assigning a weighted score for each performance standard to determine an overall score. These scores will be averaged to determine the overall numerical score and rating.

<u>Rating</u>	<u>Definition</u>	<u>Numerical Score</u>	<u>Award Earned</u>
Superior	The Contractor's performance exceeds the standards by a substantial margin, and there are few areas for improvement, all of which are minor.	90-100 points	100% of max. award fee
Excellent	The Contractor's performance exceeds the standards, and although there may be several areas for improvement, these are more than offset by better performance in other areas.	80-89.9 points	75% of max. award
Satisfactory	The Contractor's performance Meets the fee amount minimum standards. Areas for improvement are equally offset by better performance in other areas.	70-79.9 points	25% of max award
Unsatisfactory	The Contractor's performance fee amount and does not meet the minimum standards	0-69.9 points	0% of max. award

**6. Award Fee Process**

Evaluation of the Contractor's performance will take place two weeks after the end of the evaluation period. Four weeks prior to the end of the evaluation period, the date, time and place for the meeting shall be established. The Contractor will make a presentation to the award fee evaluation team members, explaining work completed during the evaluation period, any problems encountered and solutions, and any additional information that will assist the evaluation team in assessing the Contractor's performance. Six (6) hard copies of the *Summary* and any *supporting materials* shall be submitted to NIAAA Contracting Officer two (2) weeks prior to the Award fee meeting. An electronic copy shall also be submitted to the NIAAA Project Officer.

The award fee evaluation team members may ask the Contractor questions during or after the presentation. Award fee evaluation team members will complete the evaluation forms immediately after the presentation.

Within two weeks after the evaluation meeting, the PO will complete the summary rating of the Contractor's performance and submit it to the CS. The CS will prepare a unilateral modification to the contract denoting any amount of award fee earned by the Contractor.

**7. Changes to the Plan**

The Contractor and the Government may recommend changes to the plan at any time during performance of the contract. Recommended changes shall be in writing to the CO. If the Contractor and the Government agree to change the plan, the changes will be incorporated into the contract through a bilateral modification. Where the Government or the Contractor desire a change to the plan and a mutual agreement cannot be reached, the parties agree that the Alternate Disputes Resolution procedures will be used.

**8. Performance Standards**

The contract performance standards for each required task are listed below:

## PERFORMANCE STANDARDS

TASK	PERFORMANCE STANDARD
<p><b>Preparation of Epidemiologic Reports</b></p> <p><b>Weight: 30</b></p>	<p>The Contractor shall prepare epidemiologic reports, including data reference manuals, alcohol statistics, surveillance reports, epidemiologic bulletins, ad hoc special reports, and the alcohol epidemiologic data directory. These reports shall:</p> <ul style="list-style-type: none"> <li>• Be clearly written</li> <li>• Contain minimal editorial errors</li> <li>• Contain no factual errors</li> <li>• Use appropriate statistical methodology</li> <li>• Contain clear tables and figures</li> <li>• Contain appropriate background materials (for example, references shall be current and directly related to the report being considered)</li> </ul>
<p><b>Preparation of Analytic Reports</b></p> <p><b>Weight: 30 points</b></p>	<p>For analytic reports: Contractor to prepare, in collaboration with NIAAA staff, manuscripts for submission to peer-reviewed scientific journal (up to 3 analytic reports in each contract year). Publication record is important. Each analytic report shall have:</p> <ul style="list-style-type: none"> <li>• A clearly stated purpose</li> <li>• A clear description of the study population and setting</li> <li>• A clear description of methods and results</li> <li>• Appropriate statistical models</li> <li>• Clearly presented tables and figures</li> <li>• Consideration of potential bias and confounding</li> <li>• A clearly written discussion focused on explanation of results</li> <li>• Conclusions directly supported by the reported results</li> <li>• Appropriate background materials (for example, references shall be current and directly related to the report being considered)</li> </ul> <p>Quality of reports (based on the above criteria) is more important than quantity. Only analytic reports approved by the Project Officer shall be considered. Abstracts will be considered if they are a product of an ongoing manuscript (with well-described hypotheses, population, study design, setting, analytic plan, and clearly described outcomes) planned for submission to peer-reviewed journals. Exploratory abstracts (i.e., abstracts specifically written for conference presentation that are not part of an ongoing manuscript) will not be considered.</p>



<p><b>Technical Assistance</b></p> <p><b>Weight: 30 points</b></p>	<p>Contractor to assist staff with all aspects of data analysis. Technical assistance includes computer programming, data file preparation, dataset linkage, scientific writing, assistance with data analysis and presentation for posters, and statistical consultation. Contractor staff providing technical assistance shall:</p> <ul style="list-style-type: none"> <li>• Work in a collaborative manner with NIAAA staff</li> <li>• Provide assistance in a timely manner</li> <li>• Provide clear and accurate products that are well formatted</li> </ul>
<p><b>Overall Contract Management:</b></p> <p><b>Weight: 10 points</b></p>	<p>Timely submission of annual performance plan. Timely submission of monthly progress reports. Accurate preparation and submission of invoices in accordance with billing instructions. Timely and responsive communication with NIAAA program and contract staff. Quick and effective resolution of any contract problems or issues.</p>

**NOTE:** Points assigned for each performance standard above shall follow the rating scale established in Paragraph 5 of the PEMP. That is, Contractor performance of a task that is “Superior” shall merit from 90% to 100% of the points available, if “Excellent” shall merit from 80% to 89.9% of the points available, if “Satisfactory” shall merit from 70% to 79.9% of the points available, and if “Unsatisfactory” shall merit from 0% to 69.9% of the points available.

